UTAH SEARCH AND RESCUE
FINANCIAL ASSISTANCE APPLICATION

COUNTY _____ CASE #_____

<div align="right">(Assigned by County/Sheriff)</div>

SEARCH INITIATED DATE _____ TIME_____ AM / PM

Brief Description of Incident: _____

_____

_____

_____

– Search/Rescue – Training – Equipment
Please Select Application Type

REIMBURSABLE EXPENSES (ATTACH **ALL** RECEIPTS/DOCUMENTATION)

A) Search/Rescue Activity — **Amount**	**B) Training** — **Amount**	**C) Equipment** — **Amount**
❑ Food $_____	Name/Type of Course _____	*Required explanation of what was purchased and what it will be used for
❑ Fuel $_____	❑ Food $_____	_____
❑ Rental of Equipment $_____	❑ Fuel $_____	❑ Upgrade of existing $_____ Equipment
❑ Replace/Repair of Equipment Damaged on Search $_____	❑ Course Fees $_____	❑ Purchase new $_____ Equipment
❑ Other: (please explain) $____	❑ Supplies $_____	❑ Other: (please explain) $_____
_____	❑ Other: (please explain) $_____	_____
Search Total: $_____	_____	Equipment Total: $_____

REQUEST PREPARED BY:_____

<div>NAME   RANK   DATE</div>

REQUEST APPROVED: _____

<div>SHERIFF   DATE</div>

MAKE CHECK PAYABLE TO: _____

_____

_____

MAIL TO: **DIVISON OF HOMELAND SECURITY**
ATTN: ADMINISTRATION SECTION
1110 STATE OFFICE BUILDING
BOX 141710
SALT LAKE CITY, UT 84114

I certify that the above report and listing of expenses is true and correct. I have attached all applicable receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search incident. I do further certify that no part of the foregoing claim has been paid by the State of Utah or any other source. Supportive documents may be available upon request.

<div align="center">**FOR DIVISION USE ONLY**</div>

REQUEST RECEIVED: _____ BY: _____

<div>DATE</div>

SUBJECT INFORMATION

REPORTING PERSON_____

VICTIM(S)   Does Victim Reside In Your County?

1. _____ ❑ Yes ❑ No _____

2. _____ ❑ Yes ❑ No _____

3. _____ ❑ Yes ❑ No _____

4. _____ ❑ Yes ❑ No _____

(Mark all that apply).

ACTIVITY	SITUATION	(If lost) LAST KNOWN POSITION	BRIEF DESCRIPTION OF INCIDENT

ACTIVITY
☐ Climber
☐ Hiker
☐ Hunter
☐ Skier
☐ Snowmobile
☐ Mtn. Biker
☐ Aircraft
☐ Boat
☐ _____

SITUATION
☐ Unknown
☐ Lost
☐ Stranded
☐ Injury
☐ Illness
☐ Runaway
☐ Overdue
☐ False alarm
☐ _____

(If lost) LAST KNOWN POSITION
☐ Unknown
☐ Last seen point
☐ Abandoned car
☐ Building
☐ Known route
☐ Known destination
☐ Confirmed clue
☐ _____

BRIEF DESCRIPTION OF INCIDENT _____
_____
_____
_____
_____
_____
_____
_____

RESPONSE: (Mark all that apply).

TYPE OF RESPONSE
☐ Standby only
☐ Callout only
☐ Land search
☐ Water search
☐ Air search
☐ Rescue
☐ Body recovery
☐ _____

RESCUE/RECOVERY TECHNIQUES USED
☐ Assist/own power
☐ Carry-out by foot
☐ Rock/acree evac.
☐ Evac. by animal
☐ Watercraft evac.
☐ Evac. by vehicle
☐ Aircraft evac.
☐ _____

(If lost) SEARCH TECHNIQUES USED
☐ Confinement
☐ Attraction
☐ Hasty search
☐ Visual tracking
☐ Search dogs
☐ Line search
☐ Air search
☐ _____

BRIEF DESCRIPTION OF RESPONSE _____
_____
_____
_____
_____
_____
_____
_____

RESULTS: (Mark all that apply).

SUBJECT WAS FOUND/RESCUED   Month ___ Day ___ Year ___ Time _____ AM/ PM

☐ By SAR effort   ☐ By him/herself   ☐ Not found/rescued
☐ By bystanders   ☐ Never needed help ☐

AS A RESULT OF SAR EFFORT, TOTAL NUMBER OF PERSONS FOUND _____   RESCUED _____   LIVES REALLY SAVED

REASON MISSION TERMINATED
☐ Successful
☐ Lack manpower
☐ Lack equipment
☐ Lack support
☐ Lack clues
☐ Hazardous terrain
☐ Severe weather
☐ Authority decision
☐ Family decision
☐ _____

FOUND IN
☐ Primary search area
☐ Secondary search area
☐ Area previously searched
☐ Out of search area
☐ Home, bar motel, etc.
☐ _____

CLUES FOUND BY
☐ Interrogation
☐ Confinement
☐ Attraction
☐ Hasty search
☐ Visual tracking
☐ Search dogs
☐ Line search
☐ Helicopter
☐ Fixed wing
☐ Subject's signal
☐ _____

BRIEF DESCRIPTION OF FIND/RESCUE _____
_____
_____
_____
_____
_____
_____
_____
_____

RESOURCES USED

MISSION WAS CLOSED ON   Month ___ Day ___ Year ___ Time _____ AM/ PM

NOTE: Manhours and Equipment used should include time for MOBILIZATION, ENROUTE, MISSION & RETURN HOME

EQUIPMENT

EQUIPMENT		# Persons
_____ Helicopters	_____ Flt. Hrs.	_____
_____ Fixed Wing	_____ Flt. Hrs.	_____
_____ Ambulance*	_____ Mi.	_____
_____ 2WD	_____ Mi.	_____
_____ 4WD	_____ Mi.	_____
_____ Boat	_____ Hrs.	_____
_____ Horses	_____ Hrs.	_____
_____ Dogs	_____ Hrs.	_____
_____ Snowmobiles	_____ Hrs.	_____
_____ A.T.V.s	_____ Hrs.	_____
_____	_____	_____

(*If victim was billed, leave blank.)

TOTAL PERSONNEL/MAN-HOURS

# of hours by paid personnel   _____
# of hours by volunteer non-paid SAR organizations   _____
# of hours by volunteer non-paid/non-SAR   _____

Total # all man-hours   _____

COMMENTS / PROBLEMS
_____
_____
_____